

Amendment No. \_\_\_\_\_

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Signature of Sponsor

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 168**

**House Bill No. 75\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 68-11-1603, is amended by deleting the section and substituting the following:

It is declared to be the public policy of this state that healthcare facility or service development is best left to the free market economics surrounding the relevant healthcare market, and this development should be dependent on the potential for increased accessibility of healthcare services and an increase in the quality of services rendered. The best interest of the patient consumer is the basis of Tennessee healthcare policy and is achieved by increasing access and encouraging competition and transparency in health care for Tennesseans. To this end, this section must be equitably applied to all healthcare entities, regardless of ownership or type, except those owned and operated by the United States government.

SECTION 2. Tennessee Code Annotated, Section 68-11-1607(a), is amended by deleting the language "two hundred fifty thousand (250,000)" wherever it appears in subdivisions (10) and (11) and substituting the language "one hundred seventy-five thousand (175,000)".

SECTION 3. Tennessee Code Annotated, Section 68-11-1607(g), is amended by deleting the language "ten percent (10%)" wherever it appears in subdivisions (1)(A)(i) and (2) and substituting the language "twenty-five percent (25%)".



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SECTION 4. Tennessee Code Annotated, Section 68-11-1607(n)(2), is amended by deleting the language "two hundred fifty thousand (250,000)" and substituting the language "one hundred seventy-five thousand (175,000)".

SECTION 5. Tennessee Code Annotated, Section 68-11-1607, is amended by adding the following as new subsections:

(q) Notwithstanding this part, an entity that is operating a facility under a certificate of need and that is leasing or renting property wherein the facility is located is not required to obtain a new certificate of need if:

(1) In any county with a population in excess of one hundred seventy-five thousand (175,000), according to the 2010 federal census or any subsequent federal census, the entity relocates its facility to another location within a half-mile radius of the leased or rented property; or

(2) In any county with a population of one hundred seventy-five thousand (175,000) or less, according to the 2010 federal census or any subsequent federal census, the entity relocates its facility to another location within a two-mile radius of the leased or rented property.

(r)

(1) Notwithstanding this part, the agency shall not deny an application for a certificate of need for home health services provided by a home care organization, radiation services, magnetic resonance imaging, an independent standing emergency center, an outpatient diagnostic center, or an ambulatory surgical treatment center if:

(A) All information and applicable fees required for the application are submitted to the agency; and

(B) The services and facilities described in this subdivision (r)(1) are to be located in a distressed county that does not have a hospital already providing those services or facilities as of January 1, 2019.

(2)

(A) Except as provided in subdivision (r)(2)(B), an independent standing emergency center is not authorized to operate in a county that is not a distressed county.

(B) If the Appalachian regional commission moves a county from distressed economic status designation to another economic status designation after an independent standing emergency center has established services or a facility pursuant to subdivision (r)(1) in that county, then the independent standing emergency center may continue to provide those services or operate that facility in that county.

(3) As used in this subsection (r):

(A) "Distressed county" means a county in this state that receives a distressed economic status designation on the most recent compilation by the Appalachian regional commission of its index-based county economic classification system to identify and monitor the economic status of Appalachian counties; and

(B) "Independent standing emergency center" means a free-standing emergency center that is open twenty-four (24) hours a day, seven (7) days a week; is able to treat and stabilize emergency patients with a wide range of medical conditions from mild injuries to life-threatening situations; and is not owned or operated by a hospital.

SECTION 6. This act shall take effect upon becoming a law, the public welfare requiring

it.

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**AMEND Senate Bill No. 1445**

**House Bill No. 1023\***

by deleting all language following the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-17-207(a)(2), is amended by deleting the period at the end of the subdivision and substituting instead the following:

or national board for certification in hearing instrument sciences (NBC-HIS) board certification.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.

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Amendment No. \_\_\_\_\_

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**AMEND Senate Bill No. 1128**

**House Bill No. 1350\***

**FILED**

Date \_\_\_\_\_

Time \_\_\_\_\_

Clerk \_\_\_\_\_

Comm. Amdt. \_\_\_\_\_

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-7-128(a), is amended by deleting subdivision (2) and substituting instead the following:

(2)

(A) Is certified in perioperative nursing; or

(B)

(i) Is certified as an advanced practice registered nurse; and

(ii) Is qualified by education and training to perform tasks involved

in perioperative nursing, as determined by the board; and

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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**AMEND Senate Bill No. 1211**

**House Bill No. 339\***

by deleting all language after the enacting clause and substituting the following:

SECTION 1. Tennessee Code Annotated, Section 63-17-110, is amended by adding the following language as a new subsection (c) and redesignating existing subsections (c) and (d) accordingly:

(c)

(1) A person who has completed the educational requirements for licensure as a speech language pathologist and has received at least a master's degree from an approved educational institution may apply for and receive from the board a provisional license to practice as a clinical fellow during the person's period of supervised clinical experience. The board may adopt rules to establish standards and procedures to govern provisional licenses and the provisional license fee.

(2) Until such time as the board has adopted rules to establish standards and procedures to govern provisional licenses, the provisions of Rules and Regulations of the State of Tennessee, Rule 1370-01-.10 governing registration of clinical fellows apply to persons seeking a provisional license to practice as a clinical fellow during the period of supervised clinical experience.

(3) Any person who, on the effective date of this act, has been registered as a clinical fellow pursuant to Rules and Regulations of the State of Tennessee, Rule 1370-01-.10 is deemed to have a provisional license for the same period of time that the person's registration would be effective under that rule.



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SECTION 2. Tennessee Code Annotated, Section 63-17-114(6), is amended by deleting the word "unlicensed" and is further amended by adding the language "with a provisional license" between the word "pathologists" and the word "at".

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.

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Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 179\***

**House Bill No. 416**

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, Part 2, is amended by adding the following as a new section:

(a)

(1) A trustee of a board of trustees of a hospital authority created pursuant to private act shall not enter into an arrangement for employment or the provision of labor or services with the authority until at least twelve (12) months have expired following the trustee's tenure of service on the board.

(2) A former trustee of a board of trustees of a hospital authority created pursuant to private act shall not enter into an arrangement for employment or the provision of labor or services with the authority until at least twelve (12) months have expired following the former trustee's tenure of service on the board.

(b)

(1) The hospital authority shall make public any arrangements for employment or the provision of labor or services between a trustee or former trustee and the authority within three (3) business days of finalizing the arrangements by posting the information on the authority's website, if the authority has a website, and by publication of the information in a newspaper of general circulation in the county in which the hospital authority is located.

(2) For arrangements as described in subdivision (b)(1) that are existing as of July 1, 2019, the hospital authority shall make public those arrangements



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by August 1, 2019, by posting the information on the authority's website, if the authority has a website, and by publication of the information in a newspaper of general circulation in the county in which the hospital authority is located.

SECTION 2. If any provision of this act or its application to any person or circumstance is held invalid, then the invalidity shall not affect other provisions or applications of the act that can be given effect without the invalid provision or application, and to that end the provisions of this act shall be severable.

SECTION 3. This act shall take effect July 1, 2019, the public welfare requiring it.

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Comm. Amdt. \_\_\_\_\_

**AMEND Senate Bill No. 367**

**House Bill No. 341\***

by deleting all language after the enacting clause and substituting instead the following:

SECTION 1. Tennessee Code Annotated, Section 63-6-204, is amended by adding the following new subsection:

( ) This section does not prohibit a licensed nonresidential office-based opiate treatment facility, as defined in § 33-2-402, from employing or contracting with a physician if the facility has a physician in the ownership structure of its controlling business entity and the employment relationship between the physician to be employed or contracted with and the nonresidential office-based opiate treatment facility is evidenced by a written contract, job description, or documentation containing language that does not restrict the physician from exercising independent professional medical judgment in diagnosing and treating patients.

SECTION 2. This act shall take effect upon becoming a law, the public welfare requiring it.



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